Case Western Reserve University  
T501 School of Medicine  
March 8, 2007

PRESENT:  Dr. Murray Altose, Chair; Drs. James Bruzik, Andrew Fishleder, Lynda Montgomery, Stephen Previs, Daniel Wolpaw  
Drs. Daniel Ornt, Klara Papp, Terry Wolpaw; Mrs. Virginia Saha, Ms. Siuyan Scott; Mr. Christopher King (Year I student representative); Ms. Lois Kaye (secretary)

VOTING MEMBERS ABSENT:  Drs. Louis Binder, Robert Bonomo, Henri Brunengraber, Jason Chao, Scott Frank, C. Kent Smith, Amy Wilson-Delfosse; Mr. Brandon Maughan (Year II student representative)

GUESTS:  Drs. Claire Doerschuk, Michael Landers, Martin Snider; Mr. Dan Hart (Year I Student CME member)

Comments from the Chair

Dr. Murray Altose, CME Chair, opened the meeting by reviewing the minutes of February 22, 2007. The minutes were approved as distributed. Highlights of the February 8 medical education retreat have been posted on the Curricular Affairs Website: http://casedmed.case.edu/curricularaffairs/ Choose the “Annual Education Retreat” link in the left-hand column to access text, photos, and videos for the February 8 retreat. Highlights of previous retreats are also posted on this Website.

Report from the Student CME

Mr. Christopher King, Year I student representative, introduced fellow Year I Student CME member, Mr. Dan Hart. Mr. Hart announced that he had just distributed a Block 3 summary program evaluation (composite of the student feedback) to his classmates. He described Block 3 as very successful. While students regarded the exam as fair, they felt that it was not congruent with distribution of the block material, i.e. sparse inclusion of physiology on the exam. The lectures were rated “fantastic.” The Clinical Immersion seemed a bit separated from the rest of the block. A few logistical glitches did occur. While the Clinical Immersion lectures were of value, students suggested moving them out of the immersion week into the rest of the block in order to allow them more hands-on opportunities. Students also recommended spending less time on general nutrition in order to spend more time reviewing biochemistry before the Clinical Immersion week. With respect to biochemistry, Mr. Hart mentioned the value of learning biochemistry via diagrams, a point raised at the last CME meeting. He welcomed having a variety of venues to explain the information, even though the exams are in essay form.

Dr. Terry Wolpaw thanked the students for providing such helpful feedback. She revisited a point made at the last meeting that a four-hour exam cannot cover everything in the block. The goal is to encourage synthesis of the material, and she encouraged further suggestions to stimulate that.
Block 4 is in its second week. Mr. Chris King mentioned the extremely “dense”
nature of the cases, which impedes students in deciding at what level to divide up the
Monday, Wednesday, and Friday coverage. The number of cases per week did not seem
to matter—there was only one case during Week 1, and two during Week 2. Both Mr.
King and Mr. Hart identified the overlap in goals of the cases as causing issues with the
organization of the IQ Group’s time. Mr. King suggested making the goals of multiple
cases separate enough so that they are not overlapping.

When a discussant inquired whether any trouble shooting could take place at
Curriculum Monitoring Council (CMC) meetings, Dr. Terry Wolpaw replied that both
she and Dr. Alan Hull, Associate Deans for Curricular Affairs for the University and
College Programs respectively, already belong to the CMC and look into matters such as
these.

Research and Scholarship Update

Dr. Claire Doerschuk, Associate Dean for Medical Student Research, provided
the CME with an update on the Research/Thesis program, which is now in its second
year. Students select their thesis project toward the end of their second year. Feedback
has been very positive on the weekly one-hour Foundations of Research and
Scholarship lunch-time seminars. Attendance is consistently good—ranging between 70
and 90 students every time. The guest speaker leads a research program on a topic
Corresponding to the weekly topic.

March 30 is the deadline for submitting summer research proposals for Year I
students. Last year, 90% of the class participated. Dr. Doerschuk is optimistic that there
will be a similar turnout this year. There are 46 positions for T-35 grants. Nine students
have applied for aging grants; we do not know how many will be accepted at this time.
Other students have applied for individual fellowships primarily from disease-specific
foundations, and Crile fellowships will support the remaining students this summer. Dr.
Doerschuk encouraged members to visit the online Research Website,
http://casemed.case.edu/MSRPublic/mission.aspx, which has been updated and become
more user-friendly.

Year II students participated in Lepow Day and submitted 87 abstracts and
M.D./Ph.D. students submitted 14 abstracts. Abstract and presentation awards were
added this year. Dr. Doerschuk remarked that the quality of student research is
improving. Of the three Research Blocks: March through June; July through October,
and November through February, students voluntarily opted for an almost equal
distribution. While lop-sided distribution is no problem for the Research and Scholarship
Block, the core clinical rotations that occur simultaneously do not have unlimited space,
so this was a welcome residual. Students for the March through June block that starts
March 19 submitted their thesis proposals January 26. Many of these students hope to
publish papers. Students in the July through October block will submit their thesis
proposals in May.

Asked for his input by Dr. Altose, Mr. King mentioned that he attends all the
weekly seminars. He felt that most presenters are excellent. He described the last
presenter, Dr. David Rosenbaum who spoke on arrhythmias, as “amazing.”

Dr. Altose commended Dr. Doerschuk for her success in matching the
Foundations speaker to the weekly topic.
When asked about the range in distribution of student topics, Dr. Doerschuk replied that students are free to choose whatever they like. She has not yet tallied the selections by the group starting their research in March. Medical student summer research, however, was split exactly half basic science and half clinical, with 10% of the clinical projects in health outcomes. Revisions to Block 1 will allow inclusion of research, similarly to the other blocks. This may result in more student interest in population-based research and health outcomes, although there are concerns that without a continuous thread of public health and the social and behavioral aspects, the ideas in Block 1 may occur too early in the knowledge base that the students are acquiring to have much impact.

When asked whether students learned about the pros and cons related to the selection of research in blocks 1, 2, or 3, Dr. Doerschuk replied that these were included in her talks to students.

Another discussant asked Dr. Doerschuk 1) How are faculty recruited and what are the matching numbers? and 2) Can the abstracts be found on the Website? As for the latter, Dr. Doerschuk replied that abstracts for the last three years can be found on the Lepow Day Website. http://casemed.case.edu/lepowday/ With regard to choice of mentors, students can click on the “Opportunities” and the “Search” icons. Students—not Dr. Doerschuk—are responsible for finding a mentor. She has compiled a searchable database for the students. However, changes in the faculty database resulted in deletion of the site where faculty provide information about their research programs for medical students.

In response to Dr. Altose’s question as to how to make the Research and Scholarship block even better, Dr. Doerschuk replied, “more people, more money, more time.” Her “wish list” includes:

- Enlarging the group of faculty engaged in the research and scholarship requirement to allow better one-on-one communication with our 240 students in Years I and II
- Retaining the substantial number of Crile fellowships we currently enjoy
- Maintaining Lepow Day as a celebration of student achievement
- Resources for students to present their research at national meetings. The T35 grants provide $500, which is not sufficient and is limited to 30 students.

When asked what issues speakers address, Dr. Doerschuk mentioned items such as **what makes an outstanding research program, what is a research question**, etc. This is the goal of the Foundations of Research and Scholarship program. The goal is **not** to help the student decide what to pursue as a research project. When Dr. Doerschuk recalled that Block 1 had no research component, both Dr. Terry Wolpaw and Dr. Altose confirmed that this will be changed for the coming academic year.

When asked if the Cleveland Clinic Lerner College of Medicine has an equivalent program, Dr. Andrew Fishleder recalled the weekly one-hour Process of Discovery series, where the speaker talks about his own research as it relates to “the theme of the week.” Since College Program students are exposed to a broad range of faculty who can be considered potential mentors, the Process of Discovery is sort of a combination, encouraging topic and mentor selection along with education about what constitutes good research.
Mrs. Virginia Saha explained that the Health Sciences Library has M.D. and Ph.D. theses dating from the late 1800’s. Students have the option of submitting both M.S. and Ph.D. theses in either print or electronic format. Accepted theses can be deposited in both OhioLINK and Digital Case. However, authors have the option of embargoing their thesis if they do not want it accessible to everyone. Word files convert easily to PDF, and there is no charge for offering the thesis in electronic format. As for hard copy, the Health Sciences Library takes care of binding print copies.

Dr. Doerschuk mentioned the student ePortfolio link to “My Research.” No theses appear there at this time, as no students have yet reached this step in the curriculum. One as yet unresolved issue: If students put their thesis online now, can it be published later?

Dr. Altose thanked Dr. Doerschuk for the update on her successful program and commended the extent of integration achieved with the rest of the WR2 curriculum.

**Student Assessment and Program Evaluation in the Western Reserve2 Curriculum**

Dr. Klara Papp, Director of Student Assessment, recalled the transformation in student assessment that has occurred since she joined the Office of Curricular Affairs in 2004. Assessment is now competency-based, frequently formative with periodic summative evaluation of student progress allowing for self-reflection and feedback via a continuous relationship with an advisor. Under the old system, assessments in the first two years were largely based on a secure item bank of multiple-choice-questions. The Western Reserve2 curriculum adopted a multi-dimensional approach to student assessment. The **Summative Synthesis Essay Questions (SSEQs)** at the end of the block combine essay expression with reasoning. The **Case Inquiry Groups (IQ Groups)** require small group interaction and professionalism. There is emphasis on self-assessment from week to week and during the final summative week. Week 12 utilizes scored exams with faculty feedback to the students.

Dr. Papp described the **Program Evaluation** strategy, designed to assess whether the goals of the Western Reserve2 curriculum have been achieved and how results compare to a group of students who graduated previously (historical control groups). Outcome measures include: results on the USMLE Step 1, course evaluation, and student mastery based on conceptual understanding as compared to memorization. Student assessment is based on nine competencies, and the student gathers evidence to support his/her mastery of each.

Dr. Papp summarized the strengths and weaknesses of the new assessment program. On the **plus** side, there are ample opportunities for feedback and self-assessment. As has been mentioned previously, all content areas cannot be represented on any one exam. Another challenge is the significant amount of faculty time required to construct questions integrating information across disciplines and to grade essay exams. Dr. Papp estimated that it takes between 6 and 8 hours per faculty member to grade a sub-component of the exam. So far, we have recognized faculty participation in the teaching effort; now we need to also recognize and reward faculty effort in test construction and grading. One issue previously raised is the lag time between administration of the SSEQs and the distribution of scores to the students. However, we are improving with each block. Whereas Block 1 required over
six weeks, Block 2 improved to four weeks, and the estimate for Block 3 is now about two weeks. Everything must be compiled, collected, and correct before grades can be released to the students. Dr. Papp referred to the 23 faculty members who graded SSEQs for Blocks 1, 2, and 3 as “unsung heroes.”

At Dr. Papp’s request, **Dr. Martin Snider**, Block 3 co-leader, addressed the CME. As a veteran of the old curriculum and a block leader in the new curriculum, Dr. Snider remarked that he is pleased with assessment. He regards the weekly formative 1) SEQs (Synthesis Essay Questions), and 2) the online multiple-choice questions as valuable additions to the week’s learning. Dr. Snider mentioned that he is “overwhelmed” with the quality of the answers and that students should be commended. In response to student concern expressed over the inability to create a more comprehensive test, Dr. Snider acknowledged that five questions in four hours cannot test everything. However, the student derives closure and additional learning from his/her studying as a benefit whether or not all material is tested. With respect to grading, Dr. Snider described it as “hard, boring, and annoying but worth the effort.” These test questions require deeper thought and more accurately demonstrate what the student has learned. Dr. Snider explained, however, that his reason for addressing the CME today was to focus on the electronic testing system, which he considers to be a failure, and to bring about change. Problems occurred during administration of the SSEQs for both Blocks 1 and 2. Block 3 went better with only five to eight student computers crashing. While the exam was administered on a Thursday, faculty were not able to start grading until Friday. Due to glitches, many comments that faculty entered were not accepted by the computer software. Therefore, many comments that faculty would have made could not be entered into the system. Dr. Snider regards the electronic testing system as a “work-in-progress” rather than a professional system, and students deserve higher quality.

**Dr. Stephen Previs** agreed with Dr. Snider. He recommended making the current exam system easier for graders to read. A few cosmetic improvements could decrease the time required to read student answers. Reading biochemistry material could be easier for both students and faculty by adding diagrams. In the old system, students had the option of answering with an essay or a diagram.

Year I student **Mr. Dan Hart** questioned combining biochemistry with physiology on the same exam. He suggested splitting them up into separate exams, as different faculty grade these questions anyhow. He felt more breadth of testing could take place if the two content areas were separated.

Dr. Terry Wolpaw replied that the goal of the new curriculum was 1) to create scenarios that bring everything together, just as the physician encounters everything mixed together in life, and 2) to eliminate the old curriculum complaint that students were “living from test to test.”

Dr Altose felt that it is not important that more material be covered in an exam. Like Dr. Snider, he felt that the value resides in the preparation.

Dr. Terry Wolpaw felt that students need to adjust to the “culture change.” The student’s work is done the moment he/she enters the testing room.

Year I student **Mr. Chris King** acknowledged that he shares the “Grade me/Assess me now” mentality. He recommended releasing results for each of the three
exams separately instead of all at once—1) multiple-choice-question histology, 2) fill-in-the-blank anatomy, and 3) the SSEQ component, which requires the most time to grade.

Dr. Papp replied that the decision “meets expectations” for student performance is based on all data for the block.

Mr. King emphasized that releasing scores for histology and anatomy components might alleviate anxiety for some concerned students. Why is it necessary to withhold all sections to be released at the same time?

Dr. Altose asked Dr. Papp to consider this suggestion.

Mr. King mentioned the student perception that essay questions are graded on a rubric using key word analysis. Dr. Papp replied that the ideal answer is written by a faculty member and that every answer is read and graded by a faculty member. Both Drs. Snider and Previs added that while they do look for key words as they read the student answers, they have to read the entire sentence to get the context. Dr. Papp mentioned that different faculty are assigned to the subparts of each exam. Due to the integrative nature of the questions, Dr. Snider pointed out that several questions are graded by several different faculty members.

Dr. Terry Wolpaw welcomed suggestions on how to better communicate to students that the exam is meant to be a sampling, or smorgasbord. One has to learn all the material whether or not it is all included on the exam.

Dr. Altose thanked Dr. Papp for her timely update on an innovative approach to a topic of particular interest to faculty and students.

Clinical Curriculum Council Update

Dr. Dan Wolpaw, Clinical Curriculum Council Chair, mentioned that the main focus of activity has been on the current third year students who are finishing up their Basic Cores and planning the rest of their year revolving around Advanced Cores, Acting Internships (AIs), electives, and Areas of Concentration (AoCs). Student choices are due the end of this week. Dr. Wolpaw perceives the Area of Concentration as motivating students to think about their own interests to expand learning and make it more meaningful. With its flexible design, the AoC has an interesting impact on student activities in the fourth year.

The IT group has been working hard on improvements to the Clinical Assessment System (CAS), and renewed efforts are going into faculty development for the newly offered Advanced Cores as well as the Basic Cores.

Dr. Altose reiterated the importance of student feedback and noted the lack of third and fourth year student representation at CME meetings. He requested the first year students present today to find some third and fourth year students to invite to our meetings. The regular elected third and fourth year CME student representatives will also be contacted to see if they are available to attend a meeting.

Dr. Kikano urged putting together a focus group with IT staff to solve computer problems mentioned today and at past meetings. He felt that it is time for action instead of further discussion. IT issues raised during today’s meeting will be referred to Dr. Wendy Shapiro, who is currently attending an out-of-town conference.

Dr. Ornt wished to clarify that Dr. Wolpaw’s issues are not related to programming. While we do have fewer programmers, manpower is not the concern. It takes time to tweak and fine tune the new systems we asked for once they are developed.
Dr. Dan Wolpaw also wished to clarify that there is no IT problem related to the Clinical Assessment System. The IT group has been extremely responsive, things take time, and some changes will be implemented at the end of March. We are currently undergoing a culture change and adapting to a new system. Plans for faculty and student development should aid in the transition.

Report from the CCLCM Curriculum Steering Council

Dr. Andrew Fishleder, Chair of the Cleveland Clinic Lerner College of Medicine Curriculum Steering Council, presented highlights of the Year 1 Renal Course review prepared by Dr. Phillip Hall, course director. Again this year, the Renal Course earned high marks from the students, with 97% of them awarding it a “good” or “excellent” rating. Regarded by the students as consistently strong in course content, organization, and faculty, the Renal Course earned kudos for its PBL sessions, seminars primarily organized in small group format, and anatomy sessions. Minor changes based on student feedback last year were implemented for this year’s course. In response to current student and faculty feedback, Dr. Hall recommended a few additional course revisions that were accepted by the Curriculum Steering Committee on March 2.

With the addition of the Renal Course review today to the 10 course reports presented by Dr. Alan Hull at the February 22 CME meeting, all CCLCM end-of-block reports to date to the Curriculum Steering Council have been presented to the CME. Notification via e-mail will be sent once these reports have been posted on the CME website.

Office of Curricular Affairs Update

Dr. Terry Wolpaw, Associate Dean for Curricular Affairs, is currently working with the society deans to develop a student portfolio system. She has consulted with her counterpart at the College, Associate Dean for Curricular Affairs, Dr. Alan Hull, for guidance. Recruitment of IQ Group facilitators for the 2007-2008 academic year will begin in a few weeks. With the addition of Blocks 5 and 6, this marks the first time that Foundations of Medicine and Health blocks in Year I and Year II will be running concurrently. Dr. Wolpaw recognized the significant contribution of Pathology department chair, Dr. Jonathan Lowe, whose department routinely contributed several IQ Group faculty facilitators for every five-week half-block division. Dr. Wolpaw suggested inviting Dr. Lowe and Pathology faculty member Dr. Nick Ziats to address the CME. Both have been instrumental in recruiting faculty facilitators. Encouraged by the Vice Dean to apply for the Millennium 2007 Conference in Boston, which features Medical Education Research as this year’s theme, the School of Medicine received an invitation along with the Cleveland Clinic Foundation and the School of Nursing.

Curriculum Monitoring Council Update

Dr. Dan Ornt, Vice Dean, announced that the Curriculum Monitoring Council (CMC) has heard a review of Block 2 and has entertained subsequent discussions of Block 7 content. Dr. Altose requested that the minutes relevant to these topics be accessible to the CME.
Report from the Center for the Advancement of Medical Learning

Dr. Klara Papp, Director for the Center for the Advancement of Medical Learning (CAML), introduced Ms. Siuyan Scott, who oversees Program Evaluation of the end of each block. Dr. Altose added that CAML is doing systematic program evaluations and will bring them before the CME. When asked about the mission of CAML, Dr. Papp explained that it supports faculty in the new curriculum via workshops, journal clubs, and building learning communities in the School of Medicine; supports faculty and students in medical education research; and oversees program evaluation in the School of Medicine. In response to a discussant’s question about the relationship between CAML and UCITE, the following distinction was made: CAML is specific to the School of Medicine, whereas UCITE (University Center for Innovation in Teaching and Education) reaches out to faculty and students across the many departments of the university.

Library Update

Mrs. Virginia Saha, Director of the Cleveland Health Sciences Library, announced that the site license for MDConsult is in effect. This electronic database contains full text textbooks, full journals, and other resources. It has experienced high use. With on-campus VPN access, log on to www.mdconsult.com. Mrs. Saha continues to work with block leaders on the selection of required and supplemental resources. A residual benefit of this activity is learning how effective our finding tools are, given the changes taking place in national systems.

Comments from the Vice Dean

Dr. Dan Ornt announced that Second Look Weekend for accepted applicants will take place Friday, March 23 through Sunday, March 25. The Saturday March 24 breakfast is open to all faculty. The School of Medicine has been able to accommodate only 130 students for this event due to limited facilities. We are increasing the size of our entering class beginning this year.

Dr. Ornt mentioned that word of the Western Reserve2 curriculum is spreading. He delivered a presentation on the new Case School of Medicine curriculum at the Regional Medicine-Public Health Education Centers (RMPHEC) grantee meeting in Miami Florida, and he and Dean Pam Davis have been invited to attend the upcoming AMA Education Day in Chicago.

As for computer purchase, students entering July 2007 will have a choice between two laptops: a Mac and a Dell. Dell offers a four-year warranty. The Mac needs to be loaded with Windows and Boot Camp software in order to be compatible with NBME exams. The Administrative Group at the School of Medicine will continue to provide technical support for the student laptops.

Mrs. Saha inquired about getting VitalSource, an electronic database that includes many exclusive electronic versions, such as the Berne & Levy text, Gray’s Anatomy for Students, etc. The approximate cost would be $1,000 per student per year.

Respectfully submitted,
Lois Kaye
Secretary to the CME